

Equip. No.#	Vehicle License #:	Agency Code #:	
Driver Signature:	Driver License #:	Miles Out:	Date:
Driver - Print Name:	Exp. Date	Miles In:	Date:
Office Address	Room No.#		
City & Zip Code	A-Card No.#		
Office Telephone	Cell Phone		
Email Address			
Supervisor Name	Telephone		
Date		UC License #:	Monthly Vehicle Record (1) OFA 50G (REV. 6/06)
Released by			

